

# Abraham Health Care Limited Glenkindie Lodge Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Glenkindie Lodge Residential Care Home is a residential care home providing personal care and support to 27 people aged 65 and over at the time of the inspection. The service can support up to 33 people.

Glenkindie Lodge Residential Care Home provides accommodation across two floors, with two lifts to the first floor. People with higher dependency needs are accommodated on the first floor. There are four communal lounges and a dining room on the ground floor and a communal lounge on the first floor. There are communal gardens with wheelchair access.

### People's experience of using this service and what we found

Measures were in place to mitigate risks to people. The appropriate recording of risk and mitigation required further development and would need embedding in practice to ensure staff have clear guidance. Measures were in place to reduce the risk of falls from heights.

An improved auditing system was in place to ensure better oversight of the safety and quality of the service. This would need to be continued and embedded to ensure all aspects of safety and quality were regularly monitored.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Improvements were still required around the recording of best interest decisions. The manager had implemented a tool to maintain oversight of deprivation of liberty safeguards (DoLs).

A training schedule now provided oversight of staff skills and there had been good progress in the update of training which was ongoing.

People received their 'as and when' required medicines in a safe and timely manner.

Measures were in place to ensure chilled foods were stored appropriately to prevent the risk of food poisoning.

A new manager was in post since our last inspection, they had begun to make the improvements required to the service. They had a good understanding of the work that was needed and were committed to ensuring positive change. These improvements now need to be embedded and sustained.

The manager and the deputy manager continued to work in partnership with other professionals to drive improvement and work towards full compliance with the warning notice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 18 March 2020) and there were multiple breaches of regulation.

### Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### Follow up

We found the service to be partially compliant with the warning notice. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme where we will check that the provider is then fully compliant with the warning notice. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Glenkindie Lodge Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 safe care and treatment and Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Glenkindie Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager application had been submitted and was in process at the time of the inspection. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced; however, we spoke to the manager on the telephone before entering the service. This supported the home and us to manage any potential risks associated with Covid -19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the manager, deputy manager, a senior care worker and the cook.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the safety and management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information around best interest decisions and clarified information on falls.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We found the provider to be partially compliant, we will assess all the key question and check for full compliance with the warning notice at the next comprehensive inspection of the service.

### Assessing risk, safety monitoring and management

- Improved measures were in place to reduce risks to people. There was still some improvement required on how the service recorded guidance for staff on mitigating risk. For example, one person was identified as at high risk of pressure sores, a risk assessment had not been completed. However, action had been taken to mitigate the risk by ensuring a pressure relieving mattress was used appropriately, re-positioning charts were used and the person had regular visits from the district nursing team. This action had resulted in a healed pressure sore for the person.
- During our last inspection we identified a person who was experiencing a high number of falls. At this inspection we saw the risk assessment required further development to ensure clear guidance for staff, but measures were in place to mitigate the risk and the person had not had a fall since the measures were implemented.
- The manager had made improvements in the management of risks in the environment. Window restrictors compliant with Health and Safety Executive guidelines had been fitted to windows to prevent the risk of falls from height.

### Using medicines safely

- Medicines were administered safely and people received their medicines when they needed them. The manager had ensured that clear guidance was in place to support staff with the safe and timely administration of as and when required medicines.

### Preventing and controlling infection

- Measures were in place to prevent the risk of infection. The manager had ensured that fridge temperatures were now taken and recorded regularly to prevent the risk of people being served food that had not been stored appropriately and therefore may not be fit for consumption.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We found the provider to be partially compliant, we will assess all the key question and check for full compliance with the warning notice at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was in the process of reviewing risks to people and had introduced measures where needed to mitigate risk. The manager was aware that some improvements were still required in the recording of risks and advised they were continuing to work on this.
- Staff were recruited safely. The manager had improved recruitment procedures to ensure they were in line with regulatory requirements.
- The manager had implemented an improved auditing system to maintain oversight of the service, this was in its infancy and would need to be continued and embedded in practice to ensure full oversight of quality and safety. We saw that where issues had been identified action was either taken immediately or included on an action plan.
- The manager had oversight of the safety of equipment by reviewing the maintenance log regularly, this ensured that repairs were carried out promptly.
- The manager had implemented a training schedule and had made good progress in updating staff training to ensure staff had the skills needed to support people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had reviewed the complaints procedure to ensure that it was fit for purpose. There had been no complaints from people or their relatives since our last inspection. However, we saw that a complaint from a staff member had been managed in line with the providers policy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who lacked capacity to make some decisions for themselves were supported appropriately. The manager had ensured that mental capacity assessments were completed where needed, these were decision specific and we saw that people were supported in the least restrictive way possible. Best interest decisions were still not recorded but, we saw evidence of family and professional involvement in decision



making.

- The manager had implemented a tracker document to maintain oversight of when deprivation of liberty safeguards (DoLs) had been applied for and to keep records of any conditions to ensure compliance.
- One person told us they had decided to move to more independent accommodation and said this decision had been fully supported by the staff and management team.

Continuous learning and improving care

- The manager and deputy manager were open and transparent throughout the inspection and recognised the areas that they still needed to improve on. The deputy manager had enrolled on a course to improve their knowledge and experience and gain a recognised qualification in health and social care.

Working in partnership with others

- The manager and provider continued to work in partnership with the local authority improvements team to drive improvement in the service.
- The manager had remained in contact with CQC to provide regular updates on their progress.